To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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Teresa Provencher	Jeresa Proveycher	Street 34 530 N. 77 th 5t.  City: Milwaukoe zip53222	Town Williage Milwarker	1/12/20 <u>12</u> (Month) (Day) (Year)	Email Phone
Teresa Provenchor	Dan St Wy of	Street: 366 N. 776 City: M. Wanker Zip: 63272	Town Village City Miwankee	//2/207Z (Month) (Day) (Year)	Email Phone
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David R. Duller	Dorl R Dalla	street: 1923D Springbrook No. City: Wankesha zip: 53186	Town Village Wankesha	1/11/2012 (Month) (Day) (Year)	Email Phone	)	
Carol A Duller	Dool R Dullar Eard a Dullar	Street: 1923D Springbrook No City: Wartesha Zip: 53/86	Drown City  State City  City	/// /20/2 (Month) (Day) (Year)	Phone (	)	
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Jane M. Jansen	Lane M. James	street: 2901 N 79th St City: Milwaukee zip: 53222	Town Village  Stity Milwankee	1/12/20 <u>12</u> (Month) (Day) (Year)	Phone (414
Jane M. Jansen Gerrett Stangel	Jelange	Street: 3019 N. 794 St.  City: Milwawkee zip: 53222	□ Town □ Village □ City  Milwarkee	1 /12/20 <u>12</u> (Month) (Day) (Year)	Email Phone
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2. Loude Mostala	Lich ma	Street: 3024 M 92 and  City: Word Allis 21p. 5327	Town 93777	(Month) (Day) (Year)	Phone (Email			
Richard Sego	Richard lego	Street: 30375 63nd City: Millugykee 2ip: 53219	Town Usillage Deity  They have	12/2/2011 (Month) (Day) (Year)	Phone (			
Megan Han	Megan Hent	street: 1971 S. 89  City: WTST All S 21p:53227	Town Stringe City WCST AlloS	12/21/2011 (Month) (Day) (Year)	Email Phone ( Email			
5. Sharon Lasan	Souson	Street: 2729 Portage City: Wall Kesta zip: 5389	Town Usules Usules	\( \lambda \lambda \sqrt{2011} \) (Month) (Day) (Year)	Phone (			
6. Ann Pietrak	In Rita	Street 2729 Portage City: Waukesta zip: 53189	Trown United City	(Month) (Day) (Year)	Phone (			
Laurie Berg	Laurie Burg	Street: 2 6505. 754054.  City: ULX Alle UI zip: 53219	Town Village City WAT ALLS	///0/20/Z (Month) (Day) (Year)	Phone (Email			
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perso	onally circulated this recall petition and personally obta per with full knowledge of its content on the date indic	ained each of the signatures on this paper. I know that the signers are electors of ated opposite his or her name. I know their respective residences given. I supp	of the jurisdiction or district represented by the officeholder ort this recall petition. I am aware that falsifying this certif	ranmed in this petition. I know that each person signed ication is punishable under \$.12.13(3)(a), Wis. Stats.
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Coarcia	Elarcia	City: Milworker zip: 53202	) CxCity	(Month) (Day) (Year)	
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	ained each of the signatures on this paper. I know that the signers are e cated opposite his or her name. I know their respective residences give			
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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SCOTT WALKER RECALL PETITION

e Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott or from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

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SCOTT WALKER RECALL PETITION

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e Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott or from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT	
1. Print: Connie Coe	Street: 3718 S, 347 St	□ Town □ Village ☑ City	12/8/20_11	Email  Connie  Phone	
Sign: Cownu Col	city: Greenfield zip: 53221	(Municipality Name)	(Month) (Day) (Year)	(414)	
2. Print: Emily Coe	Street: 3718 5.34th St.	☐ Town ☐ Village  ☐ City	12/8/2011	Email	
sign: Enrily Col	city: Green field zip: 53221	Greenfield (Municipality Name)	(Month) (Day) (Year)	Phone (414)	
3. Print: Legnil ev (00	Street: 3718 S. 3444 St	□ Town □ Village ☑ City	12/4/	Email	
Sign: (July 2 Co	city: /sreentield zip: 53221	(Municipality Name)	12/8/2011 (Month) (Day) (Year)	Phone (414)	
4. Print: Travis A. Coe	Street: 12721 W. Leunlauten Ave	☐ Town    Village   City	*101	Email +YQU	
Sign: Moule Alle	city: Rudan zip: 53007	(Municipality Name)	(Month) (Day) (Year)	Phone (414)	
5. Print:	Street:	☐ Town ☐ Village ☐ City	1 1	Email	
Sign:		(Municipality Name)	/ / 20 (Month) (Day) (Year)	Phone	
	Certification of Circulator	·		_	

Sign: Will OC	N- 1	(Municipality Name)	(, ()	1 2000
,	City: Green Field Zip: 53221	(Wanterpairty (Value)		(414)
Sign: Juni 10 00	street: 3718 S. 3444 St  City: Greenfield 211: 53221	Town Village City  Greenfield  (Municipality Name)	12/8/20 <u>11</u> (Month) (Day) (Year)	Email Phone (4/4)
sign: Avous A. Coe	Street: 12721 W. Landuten Ave.	Town Nyillage City (Municipality Name)	<b>√</b> / 2/20 <u>1≥</u> (Month) (Day) (Year)	Email  +Yau  Phone  (414
Sign:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Email Phone
	City: Zip:			
(Printed Name of Circulator)  I personally circulated this recall petition and personally o	Certification of Circulator  (certify): I reside at 3718 5. 3477 5.  (Circulator's Residence - Street Name and Number of the signatures on this paper. I know that the signers are electrons of the signatures of the signature of the signatures of the signature of the sig	umber) (Circulator Municors of the jurisdiction or district represented by the	cipality) e officeholder	Circulators, Please include your co
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	paper with full knowledge of its content on the date indicated opposite his or	r her name. I know their respective residences give	en. I support this	(414)
01/02 /2012	2 ( )	Page No. (Official Use	Only)	Email

(Month)

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(Year)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Drew Raucina sign: Daw Raucina	Street 3331 86th Street  Van Sha 53147	Town Village State  (Municipality Name)	11 /25/20 11 (Month) (Day) (Year)	Email  UW d  Phone  ( 262
2. Prints DIANE RAUCINA Signi Clanel Raucina	Street: 3331-86th Street  City: Kenosha, Zipi 53142	Town Village City  CNO.Sh.G. (Municipality Name)	// /25/20_/_ (Month) (Day) (Year)	Phone ( 262
3. Robert Raucina Signi Nobel Maurine	Street: 333/-86thsT Chr. Kenosha 21pt 53142	Town Village City  (Municipality Name)	(	Phone (242
4. Print: 170 BERTMTENUTA Sign: Robert m Denuta	A.	□ Town □ Village □ City  / E N O S 分為 (Municipality Name)	/2/3/20 <u>//</u> (Month) (Day) (Year)	Phone (242
5.  Print: David A Schultz  Sign: David A Schultz	Street: 2243 W. Bridge St.	Town Village Control Mulcipality Name)	/12/20 <u>12</u> (Month) (Day) (Year)	Phone ( 4)4
Certification of Circulator  I, Tabitha Schultz, (certify): I reside at 2243 West Bridge Street Milwaukee  (Circulator's Residence - Street Name and Number)  (Circulator Municipality)				

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

(Day)

(Signature of Circulator)

Circulators, Please include your Phone

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PO Box 25 Madison, V THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING DATE OF SIGNING CON NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email □ Town □ Village **City** Phone Email □ Town, □ Village Phone Email 3. □ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Email □ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Email 5. ☐ Town ☐ Village ☐ City Street: Phone (Municipality Name) City:

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named in this	petition. I kno	w that each per-	son signed the paper	with full knowledge of as conte	ent on the date indica	ated opposite his or her name. I	I know their respective	residences given. I su	pport this
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**Certification of Circulator** 

(Circulator's Residence - Street Name and Number)

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Please include your

Phone Hill Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan Recall Scott PO Box 165

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Sign: hyle Robinson	street: 7721 S Seapter Or # 31  City: Franklin zip: 53132	Town   Village   City	12 /8/2011 (Mouth) (Day) (Year)	Phone ( 414 )
2. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20(Month) (Day) (Year)	Phone ( )
3. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20(Month) (Day) (Year)	Phone ( )
4. Print:	Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20(Menth) (Day) (Year)	Email Phone
5. Print:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20(Month) (Day) (Year)	Phone ( )
I. PATRISE SELVEY (Printed Name of Circulator)	Certification of Circulator  (certify): I reside at 7755 W. Pur 188016  (Circulator's Residence - Street Name and )	WDR FRANKUM Vumber) (Circulator Munic	J MILW (D	Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Page No. (Official Use Only)

Please include your conta

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Recall Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 1651 Madison, WI THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING

Dave Schweizer   Prote   Pro	NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
Print   Street	son Dave Schweitzer		Grown City Bristol	(2/8/20/L (Month) (Day) (Year)	262 9
Town   Village   City	Print:		□ Village □ City	, , ,	
Street:	Print:		☐ Village ☐ City	, ,	
Street:    Town   Village   City   Print:   City: Zip:   City   C	Print:Sign:	Street	☐ Village ☐ City	, , <del></del> ,	
		Street:	☐ Viliage ☐ City	' '	
		Certification of Circulator		1	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

, (certify): I reside at 7755 W. PLAINSVIEW

(Signature of Circulator)

Circulators,

Please include your cont Phone

Return by Jan

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAY			Madison, WI
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: BRAD Klem? Sign: B-O Klem?	Street: 115 S. Bezumont Ave	Town Village PCity Cook Pre	11 /24/2:011 (Month) (Day) (Year)	Phone (UV)
Print: PATRISE SEVEY Sign: Joelney	Stroot: 7755 W. PLAINSVIEW DR	Town Village City  FRONKUN (Municipality Name)		Phone  (44)
3. JOHN SELKEY Sign: John Selkey	Street: 7755 W.PLAINSVIEW DR  City: FRANKUN  Zip: 53/32	Town Village City  FRANKLIN  (Municipality Name)	/2/65/20// (Month) (Day) (Year)	Email  263  Phone (262)
Herse Krajewski Sten Alysse Krajewski	Street: 3037 E Dall Ave	Town Village City  (Municipality Name)	12/05/2011 (Month) (Day) (Year)	Email  Allyk  Phone  (4/4)
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	//20(Month) (Day) (Year)	Phone ( )
, PATRISE SELKEY	Certification of Circulator certify): I reside at 7755 W. Planky H	NDR FRANKLIN	MILWCO	Cimanilatana
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Nu			Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition, I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

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1. Print: RONALD BUSHMAN Sign: R.W. C.	Street: 15055 W. FENWAY DRIVE  City: New BERLIN Zip: 53151	Town Stillage City New BERLIN (Municipality Name)	1/9/20 <u>12</u> (Month) (Day) (Year)	SWANAL: Phone
Priot:	Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone
3.	City: Zip:	(Municipality Name)		( Email
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4.	City: Zip:	(Municipality Name)		( Email
Print:	Street:	☐ Town ☐ Village ☐ City	/ /20	Phone
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
5.	Street:	☐ Town ☐ Village ☐ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
, Aleks Skibicki	Certification of Circulator (certify): I reside at 4256 Teakwood C+	Greendale w	1	Circulators,

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Sign:		(Municipality Name)	/ / 20 (Month) (Day) (Year)	Phone (
Lloka Skihicki	Certification of Circulator certify): I reside at 4256 Teakwood C+		\	
(Printed Name of Circulator)	(Circulator's Residence - Street Name and			Circulators, Please include your
	stained each of the signatures on this paper. I know that the signers are elepaper with full knowledge of its content on the date indicated opposite his spunishable unite § 1.12.13(3)(a), Wis. Stats.			(414) Email
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PO Box 25
Madison

Walker from office pursuant to Afficie Affi,	section 12 of the Wisconsin Constitution and 5.9.10 of the V	Wisconsin Statutes.		Madison
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1. ara Miller Sign: Zara Miller	street: 4503 W Rainsey Ave \$ 51 cty: Greendale WI zip: 53129	☐ Town  ☐ Noting ☐ City  ☐ (Municipality Name)	1/12/20 <u>12</u> (Month) (Day) (Year)	Email Phone
2.	Chy: Treendale WI zip 53129	□ Town		Email
Sign:	Street:	City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
3. Print:	City: Zip;  Street:	☐ Town ☐ Village ☐ City	/ /20	Email
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4.	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	(
5. Print:	Street:	□ Town □ Village □ City	/ /20	Email
Sign:	City: Zip:	(Municipality Name)	(Month) (Day) (Year)	Phone (
1. 1. 20 1.	Certification of Circulator			
I, Aleks SK, b, ck) (Printed Name of Circulator)	(certify): I reside at 4256 Teak wood Circulator's Residence - Street Name and Nu			Circulators, Please include you Phone

named in this petition. I know that each person signed the paper	with full knowledge of its content on the date indicated opposite	electors of the jurisdiction or district represented by the officeholder his or her name. I know their respective residences given. I support this
recall petition. I am aware that falsifying this certification is put	nishable ander B.12.13(3)(a), Wis. Stats.	
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	<del>Q</del>	" 06 G3 77 IZ
(Month) (Day) (Year)	(Signature of Circulator)	#

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA	
1. Print: Amanda Marks Sign: Amanda Marks	Street: 5850 Riverside Dr.  City: Greendale WEZIF: 53129  5850 Riverside Dr.	Town Village City  Greendale (Municipality Name)	01/11/20 <u>12</u> (Month) (Day) (Year)	(	
2. Print: Mary Marks Sign: Mary Marks	5850 Riverside Dr.  Street:  Greendale, WI. 53129  City: Zip:	Town  Village  City  (Municipality Name)	(Month) (Day) (Year)	Poppy Phone (414)	
Print:Sign:	Street:  City: Zip:	□ Town □ Village □ City  (Municipality Name)	(Month) (Day) (Year)	Phone ( )	
4. Print:	Street:	☐ Town ☐ Village ☐ City  (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone ( )	
5. Print:	City: Zip:  Street:  City: Zip:	☐ Town ☐ Village ☐ City  (Municipality Name)	/20	Phone ( )	
	Certification of Circulator	*.			

I. I ARY I ARKS (certify):	I reside at 5000 Riverside Unive	Cheendale
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
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I personally circulated this recall petition and personally obtained ear	ch of the signatures on this paper. I know that the signers are electors of the jurisdic	tion or district represented by the officeholder
named in this petition. I know that each person signed the paper with	full knowledge of its content on the date indicated opposite his or her name. I know	w their respective residences given. I support this
recall netition. I am aware that falsifying this certification is nunishal	ble under \$ 12 13(3)(a) Wis Stats	

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Return by Ja Committee to

PO Box 2569

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
1. RICHARD D. KWAS	Qua Tym	Street: 7854 457H AVE City: KENOSH4 Zip: 53142	□ Town □ Village ☑ City	///9/20_11 (Month) (Day) (Year)	Phone (	
Cheryl A. Kwas	Changadwas	Street: 7854-45 Ave City: Kenosha zip: 53142	☐ Town ☐ Village ≸ City	11/19/20(Month) (Day) (Year)	Phone (	
3. Michael Benicek	Michael Bernal	Street: 4311 79 4 SF  City: KENOSHA Zip: 53142	☐ Town ☐ Village ❤️City	1 ( / 29/20/1_ (Month) (Day) (Year)	Phone (Email	
4. Helly hoeps	helle held	Street: 5427 70th St. City: Menosna zip: 5314°	□ Town □ Village  City	/ / / 2 / 20 <u> </u>	Phone (	
5. Ratael Nieves	Robert Ind	street: 7851 45th AVE	☐ Town ☐ Village ▶ □ City	//28/20	Phone (	
G. Jennifer Johnson	Jenny Jonnon	Street: 5(122 36th Ave City: Kenosha W/ Zip. 53144	□ Town □ Village City	12/16/2011 (Month) (Day) (Year)	Phone (	· )-
7. Reporah Jukaba	Palliefull	Street: 7851-4544VC City: Kenosha WIZip: 53142	□ Town □ Village	12/18/2011 (Month) (Day) (Year)	Email Phone	)
8.		Street: City: Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)	Email Phone	)
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Christ Hold	Utz John	Street: 1861 45thours City: Kenos L zip: 53/42	☐ Town ☐ Village ☐ City	(Month) (Day) (Year)	Email Phone
orther Benar	Hoather Boneais	street 2416 5446 ST Lawer Street 2416 Street	☐ Town ☐ Vijidge ☐ City	(Month) (Day) (Year)	Email Phone
RAH ROSANO	CA POOR OD	Site: 925 73RD St., City: KUNOSNA 21053143	☐ Town ☐ YiMage VICity		Email SARA Phone
heresa Jakala	Therea both	Street: 7851-45Th AVE City: Kelnosha Juftzip: 53142	☐ Town ☐ Village ☐ City	12/13/20	Email Phone
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT	TTY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE M	MUNICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	M
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	C
1.		Street: 7147 W. Bur 1 E19 h	□ Town	1/18/2012	Email
Florand Williams	Sans liletter mes	CHY: MI WAYKEE ZIP53210	Village My Levi A 14 KEE	(Month) (Day) (Year)	Phone (
2. 21addig Arn Pekrson		Street: 27545. Superior St City: Milwaukee zip: 53207		// /20/2 (Month) (Day) (Year)	Email Claude Phone (414
2		(m). //(//////////////////////////////////	Town Village West Allis	J/10/20 <u>12</u>	Email
4. Pobin Anick	Rob-And	Street: 2463 5 59th st City: 6185t All 15 zip53219	Town Village West Allis	//0/20 <u>13</u>	Email Phone
5. Andrew Luendary.	Acla	street: 3311 west they 6 city: Caledonia zip: WI	Town Rayrond Otilge City	(Month) (Day) (Year)	Email Phone
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	(Name of Circula	tor) ned each of the signatures on this paper	(Coertify): I reside at (Coertify). I know that the signers are electors o	Circulator's Residence – Street name f the jurisdiction or district represented b	e and Number) y the officeholder named in this	
he paper with full know	wledge of its content on the date indicate $2 - 20$	ed opposite his or her name. I know the	eir respective residences given. I supp	ort this recall petition. I am aware that fa	sifying this certification is punis	hable under S.12.13(3)(a), Wis. Stats.  Paga No. (Official Vise Only)
(Month)	(Day) (Year)	- <b>,</b>	(Signature of Circul	ator)		<u> </u>

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June A Nelson	Jane a. Julson	Street: 9170 W. Hegherch Park Are City: Franklin zip: 53132	Town Village Ranklin	(Month) (Day) (Year)	Email Phone
2- Laimie Williams	Junie Williams	Street: 1762 N-PUNGE St City: Milway Pe WE Zip: 5.3202	Town Milweille Bolity	(Month) (Day) (Year)	Phone ( )
Kennell (Mis	Kundh his	Street: 2948N 3657 City: Milw 21p: 53210	Town Village W. Lwa-lcke	(Month) (Day) (Year)	Email Phone
4. Fred Schoender	1 a rea schoingray	Street: 49 & of Vandar Ary 53213  City: FREJ School 6000	Town Uillage Tranklin Wi	(Month) (Day) (Year)	Email Phone ( )
JULES SMITH	July Land	Street: City: 30/7 Rence 7. zip: \$3092	Town Village MCQUIII	// K / 20	Email Phone
MARILYN BRILLA	Marilyn Brilla	Street: 80/2 W. Burdick and City: Milwankee W/ Zip: 53219	Town Stillage City  Mulwankee	// /6 /20 <u>/[</u> (Month) (Day) (Year)	Phone ( )
Mercedes Brittain		Street: 382156 76 57 #3 City: M, lwashee W: Zip: 53220	□ Town □ Village □ City  Melwanker	/2 /7 /20_11 (Month) (Day) (Year)	Email Phone
8. CECELIA FLARO	Creelia Haro	Street: 17500 W/1 Bth ave City: Bavolegaeld 161 - zip: 53045	□ Town  St. Village □ City Brook Lold	12/7/20// (Month) (Day) (Year)	Email Phone
9.		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone
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I.				□ Village	1 1 1 20
		, City:	Zip:	City	(Month) (Day) (Year)
0	Certi	fication of Circulator			
Ramon Talamantes		, (certify): I reside at $79$	1415.6875	t. Unit 407	Franklin
(Name of Circule	lator)		Circulator's Residence – Street nan		(Circulator Municipality)
personally circulated this recall petition and personally obta	ained each of the signatures on this paper	. I know that the signers are electors	f the perisdiction or district represented	by the officeholder named in th	is petition. I know that each person signed
he paper with full knowledge of its content on the date indicate	ated opposite his or her name. I know the	eir respective residences given. I supp	ort his recall petition. I am aware that f	falsifying this certification is pur	ushable under S.12.13(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. 12 Hours 1822 Berwert &	Efficertify): I reside at 48	21 STERLING	DRIVE	GREENBALE		
(Name of Circulator)	(Circulat	or's Residence – Street name an	d Number)	(Circulator Municipality)		
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed						

the paper with full knowledge of its content on the date indicated opposite his or per name. I know their respective resp

(Signature of Circulator) (Month) (Day) (Year)

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(Name o	f Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

JANUARY (Month)

(Day)

(Year)

(Signature of Circulator)

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(Circulator's Residence - Street name and Number)

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1. DOUGLAS HOLSTE	Oough Holito	Street: GO88 ORIOLE LN City: GREENDALE Zip: 53129	Town CREEN PALE  City	1/9/20 <u>12</u> (Month) (Day) (Year)	Email Phone	
2. DUANE KONGSHAU	Dieano Karaphung	Street: 1506 / m. IW AVE Som ilw wt 21p: 53172	□ Town □ Village ▼City So milw WI	/////20 <u>/2</u> (Month) (Day) (Year)	Email Phone	
3. DIAMMEKONGSHAUG	Deannetorphay	street: 1506/2 hule aue city: Si hule zip: 53172	Town Sô		Email Phone	)
Susan Sadowski	Susan Jalousk	Street: 10527 W. FOREST Home AV.	Town Hales Octy CORNERS	////20 <u>12</u> (Month) (Day) (Year)	Email Phone	
Carol Knueger	Carol Brugu	Street: 8540 5.364 St City: Franklin zip: 53132	Drown Frank (in	////20/2- (Month) (Day) (Year)	Email Phone	)
Sharon Bar Ing	Daron Court	Street: 1245 W. Callege Ave City: M. M. Saukee zip: 33734	O Town O Village O City  FRANKLIN	(Month) (Day) (Year)	Email Phone	
7. Tim Johnson	To lohn	Street: 7801 W. BUR OAX OR.  City: FRANKUM Zip: 53BZ	☐ Town ☐ Village  City  FLANKLIN	O1 /11 /2012 (Month) (Day) (Year)	Email Phone	)
PATRICE SCARDINO	Patrice Agardino	Street: 10353 S. GEORGE DRIVE City: OAK CREEK WI zip: 53154	□Town □Village  ■City  OAK CREEK	O1/1/2012 (Month) (Day) (Year)	Email Phone	114),
James J. Scardino	Somes Souderie	Street: 10353 So Feorge DR	Town Village City OGKCKC	///20_/2 (Month) (Day) (Year)	Email Phone	· )
Bonna M. Buckholtz	Soma M. Buchloly	Street: 3636 S. 86 Street City: Milwaulau zip: 53228	Town Village M.   Wanke	/ / 1 / 20   Z (Month) (Day) (Year)	Email Phone	
ERNEST E BENN	Certification (certification)	of Circulator	PRIVE GREENS	DALE		

(Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences gives L support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month)

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(Name of Circulator)

(Signature of Circulator)



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Drian M Kenna	In Mylenn	city: FRankLIN	zip: 53/32	Acity PRan	(Month) (Day) (Year)	Phone (
8.	1/ //	Street: 8/08 S. GO+	154.	☐ Town	. 1/7/20/2	Email
KarenKammers	L K	city: Franklin	zip: 53/32			Phone (
SHIRLEY	Sherlen	Street: 8108 8.60	10	□ Town	1/-/20/2	Email
KAMMERS	Kantmers	Cay: Franklen	zip: 53/32	Diry trankle	(Month) (Day) (Year)	Phone (
10. Thomas G	Thomas & Neuroch	Street: 7121 5, 5 CENTE	· レンキ ブウ	□ Town □ Village	1/7/2012	Email
Nawrocki	O 16 Mars. 12 Mesers	CHY: Franklin	zip: 5.3 13 2	Scity Franklin	(Month) (Day) (Year)	Phone (
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I ERNEST & BENI	1884		TERLING [	DRIVE GR	EENDALE	C! 1.1
(Name of Circu	lator)	(Circulator's Resi	dence – Street name and		(Circulator Municipality)	Circulato Phor
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1. Ronald Stinson	Vinelation	Street: 2337. W. Vista Ball	Town Uvillage Sty Oak Creek	12/18/20//	Email Phone		
2		City: Oak CRUEK Zip: W/ 53	154 0100		Email	)	
2.	0.0	Street: 300 Witona Ter.	L.I Town   □ Village	12/18/2011			
LAWRENCE GRAHAM	Jaurence Stuffan	City: Milwechee W1 zipis 3221	MI I wankee WI	(Month) (Day) (Year)	Phone (	)	
3.	0.1.0	$\perp$ 20 1/4 $\leq$ $\sim$	□ Town	1.61	Email		
Debra Benediene	A VID CA KENIOCHENNA	Street: 304 S SUN AVE	Village  City  Village	12 /2 9/20 //_ (Month) (Day) (Year)	Phone		
	Jacob Bordinero	City: MMW all W Zip: 53207	Di Wanker, WI	(Worth) (Day) (Tear)	Email (	)_	
4.		street: 3800 W. Long terrace	☐ Town ☐ Village	12-18/2016	Eman		
Florinda Graham	Hornila Masham	City: Milwanker Wi 21p: 5322	City Milway Kse	(Month) (Day) (Year)	Phone	- ;	
5.	from the name	/ _ / _ / _ /		1	Email	<del></del>	
	1. 1.	Street J337W VINTA BUUR DI	☐ Town ☐ Village	12/18/2011	Phone		
DIANE STINSON	Wiane Strion	City: Oak Graph Wil zip:53154	& City Oak Creek	(Month) (Day) (Year)	Thone (	)	
6.		street: 4821 Sterling Dr.	□ Town	Malant	Email		
Beverly Bennett	Beneuly Gennett		City Carro at 1	$\frac{\frac{3}{3}\frac{3}{20}}{\frac{(Month) (Day)}{(Year)}}$	Phone		
Beserie Serinien	030,000	city: CIVEENdale, WI. zip: 53129	Green das	(William) (Day) (Teal)	Email (		
11/ Jac TRolly	LI I	Street: 45/3 W. OHahoma	Town //////   Williage //////   City	1 /4/20/2			
Walvet RETILET	Thome Hophler	City: M/LN 20:532/9	□ City	(Month) (Day) (Year)	Phone	```	
8.	00	+ · · · · · · · · · · · · · · · · · · ·	□ Town		Email		
-10 1 M. M/A	aff a G M	Street: 7989 S. V 1 KERS (451 OK.	□ Village	1 /4 /20 <u>2</u>	Phone		
THOMAS MINON	/ Nove Min	City: OAK With K zip: WIC	City OAK CALL	(Month) (Day) (Year)	(	)	
<b>9.</b>		street: 7989 S' Walu Fores7	□ Town	114/2015	Email		
1 11.	this me		UVillage  DetCity  Oak  Oak  Oak	(Month) (Day) (Year)	Phone		
AINDA MINOS	Lynde Glin	City: Oak Check Zip: \$3/59	City Oak Creeke	(Month) (Day) (Teal)	Email	)_	
10.	1/1/1//	Street: S735 W Me and Ow	□ Town □ Village	1/4/20/2	, Linan		
Mayle Kasi	14 Kee	City: Fran/(L/n zip: 59/3)	City Frankl/1 L	(Month) (Day) (Year)	Phone	``	
7	Certification	[cay.     Worl -   V	^	1			
	101		13				

CRNEST & MENNON 4821 STERLING DRIVE ETREENDALE, WI , (certify): I reside at (Circulator's Residence - Street name and Number) (Circulator Municipality) (Name of Circulator)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or the hate indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the hate indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with full knowledge of its content on the date indicated opposite his or the paper with the paper with full knowledge of its content on the date indicated opposite his or the paper with the

(Signature of Circulator)

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1. DANIEL. R. JAHN	Dwis RJah	Street: 1734 LAKEVIEW AVE	Town Village SCity  S. MILW.	1/7/2012	Email Phone	
	U	City: 5-MILW Zip: 53177	Secity 3.777200.	(Month) (Day) (Year)		_ )
PHARLES P. MOORE	Be On PM son	Street: 6944 HEATHMEADOW CT.	Town Village  CREENDALE	1/2/2012	Email Phone	
CHARCOT. WOOKE	Cause, y. proof	City: GREENDALE W1. zip: 53129	PARTENDINEE	(Month) (Day) (Year)	(	)
JACQUES LAKE	Joegas Lake	Street: 1118 S. 72 nd St.	Town Village 4 105 h.	1/7/2012	Email	
THEQUES LAKE		civil est Alles zin 53214	Scity West HIII	(Month) (Day) (Year)	(	)
* RITARAKOWSKi	The Date of the	Street 1899 Sterling DR	Trown Village Gren DA/e	1/2/20/2	Email Phone	
11114/14/0005/1	Sil a Goods	coreen DA/e 1 21053129	City City	(Month) (Day) (Year)	(	)
Christini Rakowski	0101	Street: 4899 Stuling Dr.	□ Town  EVillage	1/4/20_12	Email Phone	
CHPISYIM FAROWSKI	the safe 80	City: Sheeslald zip: 53129	City (Aveludal)	(Month) (Day) (Year)	(	)
6.		Street: 5380 D. 2102 St.	□ Town □ Village	1/8/20/2	Email	
DORIS STEPHNSKI	Done Stepenson		Acity Milusukas	(Month) (Day) (Year)	Phone (	)
7		Street: 2664 5. Clement Ave	☐ Town ☐ Village	1/8/2012	Email	
Joan Stepanski	Joan Stepanski	city: Milwankee zip. 53207	RCity Milwankee	(Month) (Day) (Year)	Phone (	)
8.	1 1/#//	Street: 568 W/2886 Bristlecone	☐ Town	1/9/2012	Email	
Kurt Killberg	Kung bully	City: MUSKego Zip: 53/50	SkCity M V 5 Ke 90	(Month) (Day) (Year)	Phone (	)
9.	1	Street: 3904 S, PRAIRIE HILL LN	☐ Town	1/9/20/2	Email	
KENNETH J. GIBSON	Kunth Dut	City: GREENFIELD Zip: 53228	City CREWHELD	(Month) (Day) (Year)	Phone (	)
10.	2 /10	Street: 7208 ELBERTON AVE	☐ Town [XVillage	1/9/2012	Email	
BRIAN GIBSON	Ghan John	City: GREENI) ALE Zip: 53129	City GREENDALE	(Month) (Day) (Year)	Phone (	)
ERNEST E BENI	UEAT Certification of	of Circulator	DRIVE GREEN	JOACE	_	
CKIVES! C /OCAI	, (certi	fy): I reside at 4921 STERLING	UKIVE UKEEK	- OAC C	Circula	tors, please

(Signature of Circulator)

(Name of Circulator)

(Circulator's Residence - Street name and Number)

(Circulator Municipality)

Email

(Month)

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1. SHIELEY A. PILAK-STAC	HOWIAIL TOWN	City: FRANKLIN Zip: 53132	Town FRANKLIN  O'City	1 / 9/2012 (Month) (Day) (Year)	Email Phone	
Michael G. Szabo	michael Salo	Street: 72/8 Hillandiale Dr. City: Franklin zip: 53/32	Town Utillage City Franklin	/9/20/Z (Month) (Day) (Year)	Email Phone	
Sara Sibley	Sara Sibler	street: 7204 Dorchester Ln City: Grandale 21p: 53129	Town Willage Green dale	/ /9/20 <u>/2</u> (Month) (Day) (Year)	Email Phone	
DALE MOATS	Dab A Mai	Street: 7124 NICHOLSON ND. 53108 City: CACINE Zip: 53108	□ Town  Stillage □ City □ City	1 / 5 / 20 1 2 (Month) (Day) (Year)	Email Phone	
5. Mary Moats	mary moats	street: 7126 Nicholson Rd  city: Caledonia zip: 53108	Town Willage Caledonia	1/9/20/2 (Month) (Day) (Year)	Email Phone	
Ella Louisé BUCHMAN	Bel	Street: 4/959W. EVERGREEN  City: Franklin zip: 53/82	Town Utillage Wanklind	//9/20/2 (Month) (Day) (Year)	Email Phone	
Cecilia A. Felician	Cecilia J. Felician	Street 7260ENFIELD AVE.  City: GREENDALE Zip: 53129	Town Styllage City  REEN ALE	/ 9/20/2 (Month) (Day) (Year)	Email Phone	
LOUISA FELLCIAR	Luighein	Street: 7260 ENFIELD AUG	Devillage G Relation	1, 19/20/7 (Month) (Day). (Year)	Email Phone	
hesin mullikin	Kewn Muller	Street: 4805 Fairway Dr City: Waterford Zip: 53185	Town O'Village City O'City	\/9/2012 (Month) (Day) (Year)	Email Phone	
Brent Knudson	brent trust	Street: 3760 5.85th St City: Milwaukoe zip:53228	Town Uyillage Milwauke e	/9/20/2 (Month) (Day) (Year)	Email Phone	
ERNEST E BEN	NEXT Certification o	of Circulator	DRIVE GREEN	BALE		
(Name of Circ	ulator)	(Circulator's Residence - Street name an	d Number) (Circulator N	Aunicipality)	Circulators, please	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her pame. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Circulators, plea Phone

Email

(Month) (Day)

(Signature of Circulator)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

(Name of Circulator)

(Year)

(Day)

(Month)

Return Comm PO Bo

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						Madi
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CONTA
1. Genevieue CARNEY	Deneine Corney	Street: 4758 Stepling DR. CISCREENSALE Wi ZIP:53129	Town Prillage GREEN BALE	////2012 (Month) (Day) (Year)		)_
Genevieue CARNEY  Thomas Carrey:	Hous Cary		Town Sillage CIRFEN DALE	(Month) (Day) (Year)	Email Phone	
3.	1	Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email Phone	
4.		City: Zip:  Street:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)	Email	
5.		City: Zip:  Street:	□ Town	/ /20	Email Phone	
6.		City: Zip:	City	(Month) (Day) (Year)	Email	
		Street:  City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Phone	<u> </u>
7.		Street:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
8.		City: Zip:  Street:	☐ Town ☐ Village ☐ City	/ /20	Email Phone	
9.		City: Zip:	□ Town	(Month) (Day) (Year)	Email	)
10.		City: Zip:	- □ Village □ City	(Month) (Day) (Year)	Phone (Email	
10.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20	Phone	
ERNEST E 13	ENLIFAST	of Circulator tify): I reside at 4821 57ERLING	DRIVE GREENDA	11 4CE		

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(Signature of Circulator)

(Circulator's Residence – Street name and Number)

Circulators, please

(Circulator Municipality)

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☐ Village Phone **City** Email □ Town Willage Phone ☐ City Email ☐ Town **∀**Village Phone ☐ City Email ☐ Town Village Phone X City zin: 53210 Email 51 ☐ Town ☐ Village Phone City / (Month) (Day) (Year) Email ☐ Town ✓ Village
☐ City Phone zip: \$3)\( 2 Email ☐ Town ☐ Village Phone ¥ City ∠ Email ☐ Town 20 ☐ Village Phone □ City (Year) (Month) (Day) Zip: City: 9. Email ☐ Town 20 ☐ Village Phone ☐ City (Month) (Day) (Year) Zip: City: Email 10. ☐ Town 20 ☐ Village ☐ City (Month) (Day) (Year) **Certification of Circulator** (certify): I reside at **Circulators**, plea

(Circulator's Residence - Street name and Number) (Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her mane. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12. 13(3)(a), Wis. Stats. (Month)

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1.	Raymond J Gur	ney Bayl Shuy	Streen 3312 S 1224 ST City: West Allis zip 5320	Town OS Wist allis	12/15/2011 (Month) (Day) (Year)	Email Phone
2.	Chris von Thun	Cho rost	Street: 2959 5 104+17 City: WEST AIIIS, WI Zip: 53207	Town BB Willage Vistallis	12 /15/201 (Month) (Day) (Year)	Email CMV Phone (4
3.	Jerry L	Jarry J. Fralen	City: Frankle Zip: 53/82	Town BB Scity Frenklin	(Month) (Day) (Year)	Email Terphone
4.	James Littmann	James Tittmann	street: 3848 E. Capponters circudary zip: 53110	Town Uillage City BB	12/6/2011 (Month) (Day) (Year)	Phone Email
5.	Leanne Greco-GII	Learne Bree Sill	street: 5685 S. Andrae Pr City: New Berlin zip:53151	Town O O O O O O O O O O O O O O O O O O O	12/19/2011 (Month) (Day) (Year)	Phone (4
6.	MICHAEL G. DOERING	Muchael Is.	Street: 8785 5.83 57 City: FRANKLIN Zip: 53132	Town BB  City Tranklen	12/19/20 <u>11</u> (Month) (Day) (Year)	Phone (
7.	HARMAND A- ARTHUR	Hamaun	Street: 3972 S- // 17 Th St.  City: GAEEWFIED 21p: 53228	Town BB City Deenfuld	12/16/2011 (Month) (Day (Year)	Email Phone
8.	SHELLI J.	Shelli J.	street: 1521 Big Bend Rd-10 City: Way Kesha zip: 53189	Town B B City Wankesho	12/19/20 <u>1</u> (Month) (Day) (Year)	Phone (
9.	Linda Taylor	Lehder M. Taylor	Street: 12284 W. Verous Ct. City: West Allis WI zip: 53227	Town BB Village Wet Weis	12/19/2011 (Month) (Day) (Year)	Phone (
10.	Brian Taylor	Bur Tops	Street: 12284 W Verona Ct City: Wrs+ All 13, W zip: 53227	Town BB City West allis	/2/19/20// (Month) (Day) (Year)	Phone (2.4
	Balan al	Certification of	of Circulator fy): I reside at W, 1255, 7532 Steed	Fult. Musles	3	
	Name of the second	, (certi	ry): I reside at VI / SUS 3' 1336 3 / Paris	I Number	(Auriainalita)	Circ <u>ul</u> e

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Phone Email

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- 1.	, January		SHELLO LOUD PIC	1 D'Village	<b>'                                   </b>	717736
	KALPH GUGERTY	Colph Dayert	CHY. FRANKLIN ZIDS3132	* franklin	(Month) (Day) (Year)	Phone ( )
	5. Dealla la a	N/6/15	Street: 1921 S, 919+5+	Town John &B	12/15/2011	Email
. [	van Nichher	I'm Juch	Jan West Allis, WI zip. 53227		(Month) (Day) (Year)	Phone (414) 5
	6.	117 1	Street: 1921 S. 91 St.	Town A 118B	12/15/201	Email
. {	Jilkirchner	All C. Nychn	CHANES All'S IN1 210: 53227	City Well alle	(Month) (Day) (Year)	Phone (414) =
	7. V		Street: 10405 W. Plum Tree Cir 704	Town BB	12/15/2011	Email
	Lorothy Trause	Dorothy Krawe	city: Hales Corners zip:53130	City H also Cours	(Month) (Day) (Year)	Phone (414) 21
	8.		Street: 4656 N 76+4 Street	Town A B B	2/1/20/1	Email
	Daure Kelly	Celly Celly	milway 53218		2/1/20// (Month) (Day) (Year)	Phone
-	9.		Street: 2771 No 515 Street	-	~ /15/2011	Email
	Zenize M LUCAS	zinise im Lucios	City: Milwaukre zip: 53210	Village BB	12/15/20/11 (Month) (Day) (Year)	Phone (LIVI)
	10.	0111111		□ Town	12/2/61	Email (914)
	Touco T Mahasal	1 //walled Sallar	Street: 1713 Edgward Aul	Village 1	(Month) (Day) (Year)	Phone Lini
L	DESC J. V. CUIDA	( pury) ovor 4	city: South Milwauker zip: 53172	D: Jun	(Monin, (pay,	(7/7)
	21 200	Certification of		10 100		
	Barbara & Dunkn	ulhi , (cert	rtify): I reside at W.125 S. 7531 Str.:	It ford (t		C' : I-4
	(Name of Circu	culator)	(Circulator's Residence - Street name and		Aunicipality)	Circulators, please Phone
pera ne p	conally circulated this recall petition and personally out paper with full knowledge of its content on the date ind	otained each of the signatures on this paper. I know that the idicated opposite his or her name. I know their respective	t the signers are electors of the jurisdiction or district represented by the c e-residences given. I support this recall petition. I am aware that falsifyin	officeholder named in this petition. I know the	at each person signed	(4
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1. EDW(ZA	Ed Wyg	Street D324 SMCGANU City OAK CREEK 255354	Town Village Officer	12/13/20/( (Month) (Day) (Year)	Email Phone	
2. KEVIN HENSEN	Kevin Hensen	Street: 3424 N. 56th St.  City: MILWAUKEE WI Zip: 53216	□ Town □ Village MILWAUKEE  BCity	12 /13/2011 (Month) (Day) (Year)	Phone (414	
3 Lillian Jones	Lillian Jones	Street: 73 a 4 W. Becker City: West all & zip:53219	· was constant	/2 /13/20_// (Month) (Day) (Year)	Email Phone	
* Rita Lee	Ritubel	city: Mewaykee zip: 53224	Town Mulwaukee	12/14/20_11 (Month) (Day) (Year)	Phone (	
Sharon Rogalinski	Shawn Poze	Street: 3432 W. Parnell Av	Town Willage Milwaukel	12/16/2011 (Month) (Day) (Year)	Phone (	
"Lori Scholl	Hori Schill	Street: MoSW140766 Fayed	Down Menomoree	7     20	Phone (	
Heneas Oliver	Jean Dean	Street: 8713 WMill Rd 7	Town Village Mi Waukao	17/17/2011	Phone (	
Brandi Bover W	Bruei Bruil	Street: 75/1 W. CONFORT 12 City: MUNUXUKEQ WI ZIR 83P/10	Town Military Willage Willage Willage Willage Willage Willage Willage William	2/17/20   (Month) (Day) (Year)	Phone (	
Maureen Holmes	Maureen Holmes	Street: 7527 W. National Ave City: Milwaukee zip: 53214	Town Milwaykee  Grity WI	12 /17 /20// (Month) (Day) (Year)	Phone (4/4	
10.		Street Zip:	□ Town □ Village 5 City	/ /20 (Month) (Day) (Year)	Email Phone	
Devonna Jou	Certification o	of Circulator  ify): I reside at 598 W21442 Park	EDV- Muske	20 WI 5	- 3150 Circulators	

(Circulator) (Circ

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Randall T YGUM City Milwis Milwis Miller (Month) (Day) (Year) Phone	Teek. 1914
2. MHOMED I GOVANI DE Street: 1538 W. NATIONAL AVE DE TOWN WILLIAM (Month) (Day) (Year)  MHUMED I GOVANI Phone  Street: 1538 W. NATIONAL AVE DE TOWN  City: MUNDUNCE Zip: 532 44 City Milkulative Co. (Month) (Day) (Year)  Phone	ne (L1
3. Street: 1704 W National Ave Village Milwaukee 12/31/2011 Phone	<i>SCO</i> ne (
4. Reynaldo Davila Street 2246 5. 31 4.  Street 2246 5. 31 4.  City: Milwayler.   Town   Town   Village   Village   Phone   Ph	ne (
5 Calmen 5. Rodrisur Calmentary Street: 2246 5. 315/5/ Drown Village Phone Print M. Wanker (Month) (Day) (Year)	ne (
6. Street: 1019 S. 2014 Town Village Village Phone City: M. Turanker Zip: 532cy M. Turanker Month) (Day) (Year)	one (
EIVRRA ROSS Elwa woo city: Milwaukee zip: 53201 Town Willage Milwaukee (Month) (Day) (Year)	one (4
8. Street: 5702 W. Lincoln G. Ve Town Village Phone Phone Process Village Phone Phon	one (4
5. Street: 555 W. Oak wood Rd Town Village Village Phone  Jess, cg tonse Cg 20 Wica Fonson & CVEEK Zip: 53154 City Ock (Seek (Month) (Day) (Year)  Phone	one
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Do Vanua Jose Certification of Circulator  Do Vanua Jose (continue S984) 21442 Parks a DC Muskey (NI 53150)	Circulat

			Certification of Circulator		
I,	Devo	nna Jos	, (certify): I reside at S98Walf42 Parker Dr. Mus	skego wi	53150
		(Name of Circulator)	(Circulator's Residence – Street name and Number)	(Circulator Mu	nicipality)
			ch of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named		
the paper with fi	ll knowledge of its co	ontent on the date indicated opp	posite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification	is punishable under S.12.13(	(3)(a), Wis. Stats.
12	1 31	/20 //_	Nevery Oo	Page No. (Office	cial Use Only)
(Month	(Day)	(Year)	(Signature of Circulator)	190395	<u> </u>
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Phone

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. James Riemer	Juli	Street: 1028 AS. 18th street City: Millankee zip: 5-3264	Trois.	/3/3/20 <u>//</u> (Month) (Day) (Year)	Email Phone
2. DANNA KARCAS VARGAS	DEMNE RECEZ	15705/HTN ST Street: MI WOULECE WISSELS	□ Town □ Village  ★ City	Z   B     20 1	Email Phone
3. Joyce Grant	Doyle Grant	Street: 1706 S. 1st Great #1  City: Milw ay Kee WI zip: 53205	Town Wouter will bridge will wanker wit	12/31/2011 (Month) (Day) (Year)	Email Phone
DAWN Grzegosh	Dam O Cross ~	1527 50 154 51	Town Village Milwauhee	/2/3//20// (Month) (Day) (Year)	Email (4/1 Phone
5. Loriane, Saldivar	1	Street: 2425 W. Orchard St	□ Town □ Village	(Month) (Day) (Year)	Email / Sa Phone (4/9)
6. Richard Thelen	Theken Ly	Street: 1105 S. 2071 St City: Milwaure 211:53204	Town Village Mil warker	J /31/20/1	Email Phone
JEnnist Prok	lan notes Bole	Street: 1312 5. 24 St City: M. 1 4 1 GUKEY 21p: 532 St	Town Village Milwaukee	(Month) (Day) (Year)	Email Phone
Bene Boeden	Gere Goeden	Street: 900 Ss 42h St	Town Village  Toty Milustokee	12/31/20_11 (Month) (Day) (Year)	Email Phone
9.	Nicse Villa	1027 A Val Walker St	Town Village Milwaykee	\2 /3 \/20 \[ \] (Month) (Day) (Year)	Email  (AVC. C)  Phone
APOLINAL YOUSERA	A 2. 4	Street: 555 W Oakwood  City: Chab (NEER zip: 53/54)	Town Village Coty Columbia	2 /3 // 20// (Month) (Day) (Year)	Email Phone (4/4
Devonna Joy	Certification o			S WI 531SZ	

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Brenda Schwaine	Bende Solware	Street: S88W30984 Mayer Drive City: Mukwanacje, W1 zip: 53149	MTown Usulage City MULWORGGO	12/3//2011 (Month) (Day) (Year)	Email 3	
Bruce Schimel	Barra & Bring	Street: W14256814 Gaulde Dr. City: MUSKego Wisc, Zip: 53150	□Town □Village  MCity MUSHego	/ 05/20 <u>/2</u> (Month) (Day) (Year)	Email Phone	
Lauren Warden	Lauren & Warden	street: 3937 Heatheridge Dr city: Franklin WI zip: 53132	Town Village Franklin	\\ \/\\/20\2\\\\\(\lambda\) (Year)	Email Phone	
4. Ferdinand Torres	letan	Street: 6112 South 34 Street City: Green Field W1 zip: 53221	Town Utiliage Detty Green Field	1 /1 /20/2 (Month) (Day) (Year)	Email	
5. Robert Rice	Roby Reil	Street: 4848 So 22 Pl City: MilwHukee Zip: 532R)	Town Village M./wacker	///20/2 (Month) (Day) (Year)	Email Phone	
MARTHA KRAEBIEN	EN Martia Kraellen	Street 4596 S& NICHOLSON A SOS	Town Village	1 /1/ /20 12 (Month) (Day) (Year)	Email Phone	
7. JERI HEY	Jan Huy	Street: 5230 W WFLLS  City: MI LWANKE Zip: 53208	☐ Town	// [/2013 (Month) (Day) (Year)	Email	
8. Rosemary Weber	Roseman Weber	Street: 2021 W. Golderest Aue City: Milwonhee 21p. 53221	Town Village Milwankee	////20/2 (Month) (Day) (Year)	Email Phone	
MICHAEL A SCHMIDT	Mulul a Separat	Street: 6142 SO27 THST City: /MICWAUKEE zip.53221	Town Village MILWAUKEE	////2013 (Month) (Day) (Year)	Email Phone	
BARTOLO VISCUSO	Bartolo Viscuso	Street: 3930WEDGERTON AV City: GREENFIELD Zip: 57221	Town CREENTIEZO Village City	(Month) (Day) (Year)	Email Phone	
Certification of Circulator						
Vevonna	, (cert	ify): I reside at <u>598W2/442</u> Ja	such Dir IUSKE	40 00100	) Circ	

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator)

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Phone Email

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Brickler -	on Franklin	Street: 2/37 W. Collegelots of	Town ALCREK	/ //20/2 (Month) (Day) (Year)	Email Phone
Ziolkowski	Thomas Zio	5040 South Greenbrook Tr.	City Green Field	/ ///20/2 (Month) (Day) (Year)	Email Phone
3. MANCY ZiólKowski	Dancy Ziollowsk.	Street: 5040 South GREEN Brook	Town Charles of REDS reld City WI	///2012 (Month) (Day) (Year)	Email Phone
4. Lawrence B. Schultz	Lawrence B. Scholf	Street: 4919 S. 40 St. City: Green Field W zip: 53221	Town Utillage Citera Field	(Month) (Day) (Year)	Phone (4/4)
Joshua W. Beardsley	film W. Blog	Street: 6343 5.35th St. #97  City: Franklin WI zip: 53132	Town Village Franklin	//11/2012 (Month) (Day) (Year)	Phone (4)
"Assi J. Smoot	and Lower	City: MILLUAUKEE, W ZIP: 53221	Town Village MILWAUKEE	/ /1 /20/2 (Month) (Day) (Year)	Phone (4)
JulianNAVARRO JR.	Julian Movarors Ja	Street: 10411 #CADDY LANE  Sity: CALEDONIA Zip. 53108	Town Willage City CALEDONIA	////20 <u>/2</u> (Month) (Day) (Year)	Phone 4/4 (30
Theodore Lanz	W	Street: 3350 S. 35 × 5T  City: MILWAUNEE Zip: 532/5	Town Village MIUWANKEE	/ /// /20/1 (Month) (Day) (Year)	Phone (41
9. Claire Estes	Claire Estes	Street: 2426 Lo. Highview Ave.  City: Oak Creek WE Zip: 53154	□ Town □ Village  RCity ③ K Creek	1 / 11 / 2012 (Month) (Day) (Year)	Phone ( 444
Steve Grams	Ster In	Street: 5/22 & 2/st ST City: M: layoukee zip: 53221	Town Village Gety Milway Kee	////2024 (Month) (Day) (Year)	Email 6/1
Jarah Robert		fy): I reside at <u>4/00 W. Acre A</u> (Circulator's Residence – Street name and	Franklin S	S3/32	Circulato

(Signature of Circulator)

(Month)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Madis THE MUNICIPALITY USED FOR MAILING PURPOSES. WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST AT WAYS BE LISTED. VOTING MUNICIPALITY OF RESIDENCE DATE OF SIGNING CONTA PRINTED NAMES OF ELECTORS SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no (Indicate Town, City, or Village) Street: 1825 W. Tim ber Ridge Ln #9102 Sherry miller □ Village Phone city: 09 KCreek, WI oakcreek (414)Email BERG ☐ Town JOHN RAMSEY /2012 □ Village CUDAHY Phone (414) CUBAHY Email Phone Email Village WAUKE SHA Phone Zip: 53186 City: WAUKESHA (262)Email Email 3814 W. SOUTHLAND Town FRANKLIN FRANKLIN Email SKY lark ☐ Town Phone Email Email 10. ☐ Town 11/2012 170 ☐ Village (414)

Therese	; hujawsk;	erisa hydushi	city: milwaukee	zip: 53221 PCity	Wav Ku (Month) (Day) (Year)
	1011	Certificat	ion of Circulator		
I, (na	h Koberts	<u>on</u>	(certify): I reside at 4/00	W. Acre Ave	Franklin 53/32
	(Name of Circulator)		(Circulator's	Residence – Street name and Number)	(Circulator Municipality)
I personally circulated this rec	call petition and personally obtained	each of the signatures on this paper. I know	v that the signers are electors of the jurisdict	ion or district represented by the officeholder n	amed in this petition. I know that each person signed
the paper with full knowledge	of its content on the date indicated	pposite his or her name I know their resp	ective residences given. I support this recall	petition. I am aware that falsifying this certific	ation is punishable under S.12.13(3)(a), Wis. Stats.
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(Month)	(Day) (Year)		(Signature of Circulator)		400000
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING		CON
Heather Glassner	Deather Glauner	street: 1823 W. ASPEN St.	Town Wilwaukee	1 / 11/2012 (Month) (Day) (Year)	Phone (4	ther 114)
2. Leah Stapleton	ful de	Street: 2080 E HICKORY DK  City: Gak Creek 20 Zip: 53154	Town Village  City Oakcrek	/ /11 /2017 (Month) (Day) (Year)	Phone (	)
ZHUCK OLMSTERD	Chale Ohnston	Street: 2117 W. HILLTOP LN City: OAK CREEK Zip: WIS.	Town OAKCREER  ACity	/ ///20/2 (Month) (Day) (Year)		74)
Patricia Simand	Patricia Simande	Street: 8100 S. 20th 57 City: Oak Creek W/ Zip:53154	Town Village Ak Creek	////20/2 (Month) (Day) (Year)	Phone (§	44
Fenny Sherman	2 slav	Street: 4608 50. 205+ City: Milwaukee Zip: 53221	□ Town □ Village BCity Milwankee	/ /1/20/ <u>~</u> (Month) (Day) (Year)	Email Phone	<u>{(4)</u>
MTIAZ JAFFARY	Spoffin	Street: 5584 \$.274,87.  City: MILWAUKEE zip:53221	□ Town □ Village M UW A4 K Ê Ē ☑ City	/ ///20/ <u>/</u> (Month) (Day) (Year)	Email Phone	
ZAKIA JAFFARY	ZJaffang	SATELE: MILWAUKEF 53221	□Town MILWA-UKEL □Village □City	///20/2 (Month) (Day) (Year)	Email Phone	
8. John Ergs	Sangue	Street: 4601 5terling Ct. City: Green Lale zip: 53129	Town  Divillage Greendule  City	////20/4 (Month) (Day) (Year)	Phone (4	114)4
JOHN KALIEKI	John Koli Si	street: 4307 H. Ramsey Ave. #18 cty. Greendale Zip: 53129	Town Stillage Greendale City	//1/2012 (Month) (Day) (Year)	Email Phone	114,
DOBERTA Wojtysiak	Loverta & Shrippiak	Street: 10511 Douth by the St. Street: 10511 Douth by the St.	Town Village FRANKLIN	////20/// (Month) (Day) (Year)	Email Phone	114)
Certification of Circulator						

4100 W. ACPL AVR (Circulator's Residence – Street name and Number)

(Circulator Municipality)

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